

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	251957US0
First Inventor or Application Identifier	Hiroyuki MANO
Title	METHOD FOR IDENTIFYING MYELODYSPLASTIC SYNDROME-SPECIFIC GENES

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification Total Sheets 41
3. Drawing(s) (35 U.S.C. 113) Total Sheets 4
4. Oath or Declaration Total Pages
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 17 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).
5. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification or Sequence Listing on :
 - i. CD-ROM or CD-R (2 copies); or
 - ii. Paper (3 pgs.)
 - c. Statements verifying identity of above copies

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

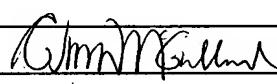
18. CORRESPONDENCE ADDRESS

Customer Number

22850

(703) 413-3000

FACSIMILE: (703) 413-2220

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	4/15/04
Name:	C. Irvin McGlelland	Registration No.:	

Registration Number 21,124

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Docket No. 251957US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Hiroyuki MANO

SERIAL NO: New Application

FILING DATE: Herewith

FOR: METHOD FOR IDENTIFYING MYELODYSPLASTIC-SYNDROME-SPECIFIC GENES

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	22 - 20 =	2	x \$18 =	\$36.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
■ MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$290.00
■ LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$1,226.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
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			TOTAL	\$1,226.00

- Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
- A check in the amount of to cover the filing fee is enclosed.
- Credit card payment form is attached to cover the filing fee in the amount of **\$1,226.00**
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.
Norman F. Oblon

Date: 4/15/04


C. Irvin McClelland
Registration Number 21,124

Customer Number

22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)